recognized AI/AN tribes are encouraged to submit written tribal testimony to the contact person and mailing address listed below or by email at *Tribalsupport@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: Latonya Tripp-Dinkins, DBH, LPC, National Center for Injury Prevention Control, Centers for Disease Control and Prevention, 4770 Buford Highway, Chamblee, Georgia 30341–3717. Telephone: (404) 956–2782; Email: *violenceprevention@cdc.gov.*

SUPPLEMENTARY INFORMATION: This meeting is being held in accordance with Presidential Executive Order No. 13175 of November 6, 2000, Consultation and Coordination with Indian Tribal Governments, and the Presidential Memoranda of January 26, 2021, November 5, 2009, September 23, 2004, and April 29, 1994, and the Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Consultation Policy (*https://www.cdc.gov/tribal/consultation-support/tribal-consultation/policy.html*).

Purpose: The purpose of the consultation meeting is to advance CDC and ATSDR support for and collaboration with American Indian and Alaska Native (AI/AN) tribal nations and to improve the health of AI/AN people by pursuing goals that include assisting in eliminating health disparities faced by tribal nations; ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of AI/AN people; and promoting health equity for all AI/AN people and communities. To advance these goals, CDC and ATSDR conduct government-to-government consultations with elected tribal officials of federally recognized AI/AN tribes or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information among parties that leads to mutual understanding and informed decision-making on behalf of the federal government.

Matters to be Considered: CDC and ATSDR are hosting this meeting to hold consultation with federally recognized AI/AN tribes to receive input and guidance to inform sexual violence prevention activities and strategies in developing Notices of Funding Opportunity (NOFOs). CDC and ATSDR are seeking feedback on how the agencies can better engage with Indian Country through meaningful consultation and on how the agency can ensure that a NOFO from CDC's Rape Prevention and Education (RPE) program is sensitive to the needs and concerns of tribal communities and is as effective as possible regarding the prevention of sexual violence, as well as on how the agency can better support tribes and tribal communities moving forward regarding health inequities related to RPE and injury prevention. The tribal consultation meeting is intended to provide interested parties with an opportunity to discuss their public health priorities and concerns related to RPE that may affect tribal nations.

The RPE program was authorized through the Violence Against Women Act, which was passed by Congress in 1994, and was most recently reauthorized in 2022. Grants awarded under this program are to be used for RPE programs conducted by state and territorial health departments and sexual assault coalitions, including tribal sexual assault coalitions. Additional information about the RPE program can be found at *https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html.*

Elected tribal officials can find guidance to assist in developing tribal testimony for CDC and ATSDR at *https://www.cdc.gov/tribal/documents/consultation/Tribal-Testimony-Guidance.pdf.* Please submit tribal testimony on official tribal letterhead.

Based on the number of elected tribal officials giving testimony and the time available, it may be necessary to limit the time for each presenter. We will adjourn tribal consultation meetings early if all attendees who requested to provide oral testimony in advance of and during the consultation have delivered their comments. Agenda items are subject to change as priorities dictate.

Additional information about CDC/ATSDR's Tribal Consultation Policy can be found at *https://www.cdc.gov/tribal/consultation-support/tribal-consultation/policy.html.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2023–10275 Filed 5–12–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–416]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by June 14, 2023.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report; *Use:* The collected baseline data is used to assess the effectiveness of state early and periodic screening, diagnostic and treatment (EPSDT) programs in reaching eligible children (by age group and basis of Medicaid eligibility) who are provided initial and periodic child health screening services, referred for corrective treatment, and receiving dental, hearing, and vision services. This assessment is coupled with the state's results in attaining the participation goals set for the state. The information gathered from this report, permits federal and state managers to evaluate the effectiveness of the EPSDT law on the basic aspects of the program. *Form Number:* CMS–416 (OMB control number 0938–0354); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,512. (For policy questions regarding this collection contact Mary Beth Hance at 410–786–4299.)

Dated: May 10, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023–10340 Filed 5–12–23; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; National Survey of Child and Adolescent Well-Being-Third Cohort (NSCAW III) (Office of Management and Budget #0970–0202)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) is proposing an extension with revisions to the data collection activities conducted as part of the National Survey of Child and Adolescent Well-Being (NSCAW III) (Office of Management and Budget #0970–0202). NSCAW is the only source of nationally representative, longitudinal, firsthand information about the functioning and well-being, service needs, and service utilization of children and families who come to the attention of the child welfare system. This request will allow additional time to conduct participant data collections. Minor changes to the instruments are requested to restore an in-person data collection option.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: NSCAW is the only source of nationally representative, longitudinal, firsthand information about the functioning and well-being, service needs, and service utilization of children and families who come to the attention of the child welfare system. The first and second cohorts of NSCAW were initiated in 1999 and 2008, respectively. A major objective for the third cohort of NSCAW (NSCAW III) is to maintain the strengths of previous work, while better positioning the study to address the changing child welfare population. Phase I of NSCAW III, approved November 2016, is complete and included recruitment and sampling process data collection activities. Phase II of NSCAW III, approved July 2017, includes baseline and follow-up data collection activities, and panel maintenance activities. Phase II follow-up data collection and panel maintenance is still ongoing. Phase III of NSCAW III, approved in September 2020, includes data collection on the child welfare workforce in of participating agencies. Phase III data collection is complete, and analysis of the data is ongoing.

We seek approval for an extension with changes for the currently approved data collection activities, which includes follow-up data collection for Phase II and panel maintenance activities with NSCAW cohort members. As part of this request we are also proposing minor changes to the Phase II information collection. Due to the COVID–19 pandemic, baseline Phase II in-person baseline data collection was paused for 14 months, and follow-up data collection was delayed due to the need to retool data collection procedures and instruments to allow for remote administration. This request is to extend the Phase II information collection and to update materials to restore the previously approved in-person mode as an option for caregiver and child respondents.

Respondents: Children and caregivers enrolled in NSCAW III and child welfare agency personnel in participating NSCAW III agencies. Surveys and panel maintenance responses may be obtained by telephone, web, or in person.